

ORGANIZATIONAL UNIT REQUEST

MCP 001 (NEW 6/2012)

**ATTN: MyCalPAYS OPERATIONS**

SCO Personnel-Payroll Services Division


Form Contact Info: Tel (916) 372-7200

Email: mcpccc@sco.ca.gov

Fax: (916) 375-6622

ORGANIZATIONAL UNIT REQUEST

This form is used to establish a new Organizational Unit (Org Unit), or to change or delimit an existing org unit. This process can be initiated by Administrative Directive (Governor's Office) (formal or informal, i.e. phone call), approved Budget Change Proposal (BCP), Legislature Directive, or voter approved funding changes. Establishing a new Organizational Unit (Org Unit) within a department can be initiated by the department's need to reorganize, funding changes, etc.

CREATE ORG UNIT		MAINTAIN ORG UNIT	
Effective Date (8) (MM/DD/YYYY)		Effective Date (8) (MM/DD/YYYY)	
Org Unit ID (8)		Org Unit ID (8)	
Org Unit Name Abbreviation (12)		Org Unit Name Abbreviation (12)	
Org Unit Name (40)		Org Unit Name (40)	
Org Unit Relationship (Reports to) (40)		Org Unit Relationship (Reports to) (40)	
Org Unit ID of Related Object (8)		Org Unit ID of Related Object (8)	
Cost Center ID(10)		Cost Center ID(10)	
Cost Center Name Full (40)		Cost Center Name Full (40)	
Business Area (4)		Business Area (4)	
Personnel Area (4)		Personnel Area (4)	
DELIMIT ORG UNIT			
NOTE: The necessary employment/employee actions must be taken before delimiting an Org Unit.			
Delimit Effective Date(8)		Org Unit ID(8)	
Org Unit Name (40)			
Additional Information			
Authorized Signature			
Certification for the Appointing Power- The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster charges filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code.			
Authorized Name (Print)		Title	
Authorized Name Signature 		Telephone	Date
Form Submitted By			
Department Contact Name (Print)		Date	
Telephone	Fax	Email	